

NASA SAFETY REPORTING SYSTEM

OMB No. 2700-0063

NASA has established the NASA Safety Reporting System (NSRS) to help identify safety concerns relating to NASA programs. Your assistance in informing us about such concerns is essential to the success of those programs. The NSRS is administered by an independent contractor, Research Planning, Inc. (RPI). Please fill out this form as completely as possible, affix the proper postage, and mail to: NASA SAFETY REPORTING SYSTEM, PO BOX 6037, FALLS CHURCH VA 22040-9824.

The information you provide on the identification strip will be used only if the NSRS Office determines that it is necessary to contact you for further information. THE IDENTIFICATION STRIP WILL BE RETURNED DIRECTLY TO YOU TO ASSURE YOUR ANONYMITY; NO RECORD WILL BE KEPT OF YOUR IDENTITY UNLESS YOU REPORT CLASSIFIED INFORMATION OR CRIMINAL ACTIVITIES, IN WHICH CASE THE WHOLE REPORT WILL BE SENT TO THE NASA HQ DIRECTOR OF SAFETY OR THE NASA INSPECTOR GENERAL.

The NSRS Office at RPI will stamp your identification strip before returning it to you, as proof that they have received your report. The strip will be returned to you if you have provided a mailing address. Equally important, the NSRS Office can often obtain additional useful information if we can talk with you directly by telephone. For this reason, we have requested a telephone number where we may reach you. Thank you for your assistance.

NOTE: YOU ARE ENCOURAGED TO REPORT YOUR CONCERN IN ACCORDANCE WITH YOUR ORGANIZATION'S ESTABLISHED SAFETY REPORTING PROCEDURES.

PLEASE FILL IN APPROPRIATE SPACES AND CHECK ALL ITEMS BELOW WHICH APPLY TO YOUR CONCERN.

THIS CONCERN IS: ☐ Unique ☐ Recurring

AREA OF CONCERN: ☐ Space Shuttle Program ☐ Space Station ☐ Aeronautics ☐ Payload ☐ Upper Stage
☐ Expendable Launch Vehicle (*Specify*) _____ ☐ Other (*Specify*) _____

CONCERN LOCATION: _____

WHAT DO YOU BELIEVE MAY BE THE CONSEQUENCE(S) OF YOUR CONCERN IF IT REMAINS UNSOLVED?

☐ Loss of life or injury ☐ Damage or loss of flight hardware ☐ Damage or loss of facilities or equipment
☐ Other (*Specify*) _____

WHERE ELSE HAVE YOU REPORTED YOUR CONCERN? ☐ Immediate Supervisor ☐ Safety Office ☐ Nowhere
☐ Other (*Specify*) _____

WHO IS YOUR EMPLOYER? ☐ NASA ☐ DOD ☐ Contractor ☐ Other (*Specify*) _____

WHAT IS YOUR ROLE WITH REGARD TO THE AREA OF CONCERN?

☐ Engineering/Science ☐ Technical Support ☐ Management ☐ Administrative Support ☐ Manufacturing
☐ Safety ☐ Quality Assurance ☐ Other (*Specify*) _____

IDENTIFICATION STRIP: This section will be returned to you promptly. NO RECORD WILL BE KEPT OF YOUR IDENTITY (unless you report classified information or criminal activity). Disclose your identity only on this strip.

Name &
Address

TELEPHONE NUMBER: (home or office) where the NSRS Office may reach you in confidence for further details of this concern:

Area _____ No. _____ - _____ Hours _____

DESCRIBE YOUR CONCERN

Please be explicit and concise. Discuss anything you think is important. Include what you believe really caused the problem and what can be done to prevent a recurrence or correct the situation. (Use additional sheets if necessary.) **DO NOT REPORT YOUR IDENTITY, CLASSIFIED INFORMATION, OR CRIMINAL ACTIVITIES IN THIS SECTION.**

☐ MARK HERE IF YOU BELIEVE YOUR CONCERN MERITS *IMMEDIATE* REVIEW AND RESOLUTION.